

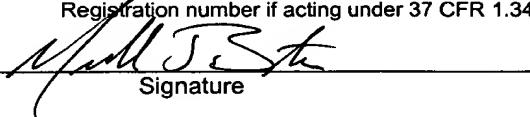
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PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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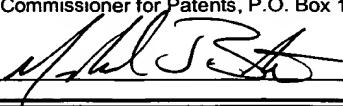
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005<br/>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>   |  | Docket Number (Optional)<br><b>SY9-060RECN</b> |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
|---|--|--|-------------|------------|-------------------------|--|--|-------|------|----|---|-------|-------|----|---|--------|-------|----|--|--------|-------|----|---|--------|--------|-------------|
| Application Number  | 09/755951-Conf. #4499  | Filed<br><b>January 4, 2001</b>                |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| For   | <b>MASS SPECTROMETER SYSTEM AND METHOD FOR MATRIX-ASSISTED LASER DESORPTION MEASUREMENTS</b> |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| Art Unit  | 1743   | Examiner<br><b>A. Soderquist</b>               |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ 2,160.00</td></tr></tbody></table> |  |  |             | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ 2,160.00 |
|   | <u>Fee</u>   | <u>Small Entity Fee</u>                        |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120  | \$60   | \$          |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225  | \$          |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020   | \$510  | \$          |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590   | \$795  | \$          |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080   | \$ 2,160.00 |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| I am the <input type="checkbox"/> applicant/inventor.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,411</u>  |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <br>Signature _____ Date <u>January 10, 2005</u>   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <u>Michael J. Bastian, Ph.D.</u> Telephone Number <u>(617) 227-7400</u><br>Typed or printed name _____  |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |  |  |             |            |                         |  |  |       |      |    |   |       |       |    |   |        |       |    |  |        |       |    |   |        |        |             |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466143385US, in an envelope addressed to: MS Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 10, 2005

Signature: 

(Michael J. Bastian, Ph.D.)